

DELTA FIRE and EMERGENCY SERVICES

REQUEST FOR ACCESS TO RECORDS

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

YOUR CONTACT INFORMATION			
Last Name:	First Name:	Middle Name:	☐ Miss ☐ Ms. ☐ Mrs. ☐ Mr. ☐ Other
Mailing address:		•	
Day Phone Number:		Alternate Phone Number:	
Company or organization you are submitting this request on behalf of (if applicable):			
DETAILS OF REQUESTED INFORMATION			
Please describe the records you are requesting. To assist us in gathering all the relevant records on a timely basis be as specific as possible as this will assist the request process and specify any reference or file numbers, if known. Attach a separate sheet if the space below is not sufficient.:			
	_		
Preferred Method of Access to Records ☐ Book appointment to view originals	Your Signature		Date Signed:
Receive copies			Year Month Day
You may make a request for access to records without using this form, provided you do so in writing. Personal Information contained on this form is collected under the FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT and will be used only for the			

DELIVER TO: Administration Offices of Delta Fire and Emergency Services

purpose of responding to your request.

Address: 4645 Harvest Drive Delta BC V4K 4J5

Fax: (604) 946-0436